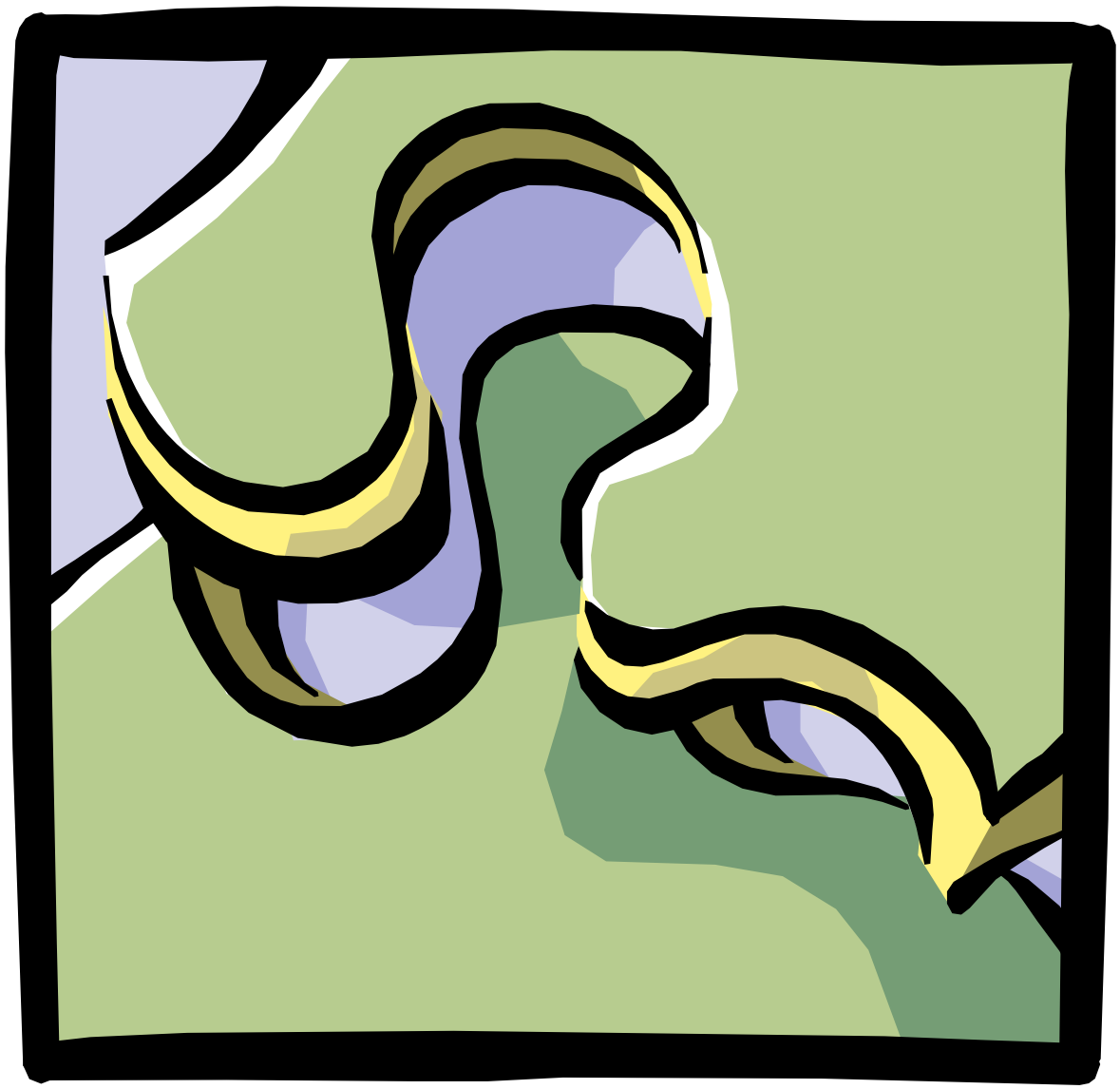

Service Delivery Plan Guidelines for Fiscal Years 2007-10

Care Services Program
Office of AIDS
California Department of Health Services

July 2006

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Introduction

Service Delivery Plans provide a “road map” for the development of a system of care and a blueprint for the complex decisions that must be made about planning, developing, and delivering comprehensive HIV services in your communities.

In 2003, the Care Services Program (CSP) established a requirement that fiscal agents in Direct Service Areas develop three-year Service Delivery Plans. Annual adjustments may have been made in order to address trends in the epidemic, client needs, or new program requirements.

Over 2006, fiscal agents must update their Service Delivery Plans for the next three-year period – April 1, 2007 through March 31, 2010. Fiscal agents should use the Service Delivery Plans when developing their Requests for Proposals for the upcoming contract cycle.

Fiscal agents are solely responsible for the completion of the Service Delivery Plan. Fiscal agents are required to gather community input and consult with service providers when updating the Service Delivery Plans.

These guidelines provide instructions for completing the Service Delivery Plan. The forms discussed in this manual are available as Microsoft Word documents and can be obtained at www.dhs.ca.gov/aids/programs/care/careservices/servicedelivery.htm. The new Service Delivery Plans should be mailed to your CSP Advisor by January 29, 2007.

Service Delivery Plan Components

There are six sections to the Service Delivery Plan. They include:

- Needs Assessment Summary
- Resource Inventory
- Priority Setting and Resource Allocation
- Description of Service Delivery
- Goals and Objectives
- Effective Measure

Needs Assessment Summary

The needs assessment process includes the collection of information about the needs of people living with HIV (PLWH) – both those receiving care and those not in care. The needs assessment is an interconnected component of the other planning tasks; results from the needs assessment will be used in setting priorities for the allocation of funds, developing the Service Delivery Plan, and crafting strategies for meeting the service needs of the populations in your jurisdiction.

Fiscal agents are **not** required to submit your complete needs assessment to the Office of AIDS (OA), but must instead submit summary information to include the following:

- Description of methods used to conduct the needs assessment (e.g., surveys, key informant interviews, secondary data analysis, etc.).
- Epidemiologic profile of your community. This data should describe the current status of the epidemic in your county or region, specifically the prevalence of HIV and AIDS among defined populations. It should describe trends in the epidemic. The Data Sources Section provides various sources of data that may assist you in developing an epidemiologic profile for your jurisdiction.
- Identification of current populations served and the estimated number of individuals served.
- Description of the unmet need. Identification and assessment of populations not receiving primary medical care and the estimated number of individuals to be served. Unmet need is the need for HIV-related health services by individuals with HIV disease who are aware of their HIV status but are not receiving regular primary medical care.
- Assessment of current service needs specific to your target populations.
- Assessment of current service gaps and barriers for PLWH accessing and remaining in primary medical care.

Fiscal agents are encouraged to collaborate with other HIV-related needs assessment efforts. For instance, needs assessments are required by CARE Act Title III grantees, Housing Opportunities for People with AIDS (HOPWA), and Education and Prevention (E & P) Services. If you choose to work collaboratively on a needs assessment, be sure that the scope of the combined needs assessments meets the programmatic mandates of the respective programs. Contact your CSP Advisor if you have questions about collaborating on your needs assessment.

For more information on how to conduct a needs assessment, please refer to the following documents:

- Ryan White CARE Act (RWCA) Needs Assessment Guide, and
- RWCA Title II Manual, Section VIII, Chapter 1.

Free hard copies of these documents can be ordered from the Health Resources and Services Administration (HRSA) website.

Data Sources

Data Source and Main Website	Data Description and Direct Links
California Department of Alcohol and Drug Programs www.adp.cahwnet.gov	Community Indicators of Alcohol and Drug Abuse Risk Program-specific statistics
California Department of Education, Educational Demographics Unit www.cde.ca.gov/ds	DataQuest allows users to run queries on enrollment, dropout rates, English learners, etc. Ed-Data gives local reports covering topics such as students, staffing, finances, and performance rankings.
California Department of Finance, Demographic Research Unit www.dof.ca.gov/html/demograp/druhpar.asp	Reports and Research Papers on population estimates and projections, demographic characteristics, and immigration.
California Department of Health Services, Office of AIDS www.dhs.ca.gov/aids	California AIDS Surveillance Reports
California Department of Health Services, Office of Health Information and Research www.dhs.ca.gov/ohir	Data tables on county-level births and deaths. Vital Statistics Query System allows users to perform queries on specific causes of death in their county.
California Department of Health Services, Sexually Transmitted Disease Branch www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm	Current Provisional Data Tables and Graphs for Chlamydia, Gonorrhea, and Syphilis.
California Department of Justice, Criminal Justice Statistics Center http://ag.ca.gov/cjsc/	Data tables on adult and juvenile misdemeanor and felony arrests.

Data Source and Main Website	Data Description and Direct Links
California Health Interview Survey www.chis.ucla.edu	AskCHIS 2.0 allows users to perform queries on their county/region's population characteristics (including MSM), health behaviors, health care utilization, etc.
Office of Statewide Health Planning and Development www.oshpd.ca.gov	The Enterprise Geographic Information System produces healthcare-related map and reports.
RAND California www.ca.rand.org	Wide variety of local statistics on health and socioeconomic status (including Medi-Cal and Food Stamps), demographics, education, etc.
U.S Census Bureau, Housing and Household Economic Statistics Division www.census.gov/hhes/www/poverty/poverty.html	Data tables with current poverty estimates by county.

Resource Inventory

A resource inventory describes organizations and individuals, both HIV- and non-HIV-specific, providing the full spectrum of services accessible to clients in your service area. The goal of the resource inventory is to develop a comprehensive picture of services, regardless of funding source.

The inventory should include services such as HIV prevention, substance abuse prevention and treatment, mental health services, and early intervention services and outreach.

If your program has created/updated and published a Resource Guide within the last fiscal year, submit a copy with your Service Delivery Plan in lieu of this requirement. Otherwise, provide the following information either using the form located at www.dhs.ca.gov/aids/programs/care/careservices/servicedelivery.htm or by creating your own form:

- Provider's name, address, city, and phone number.
- Categories or types of services provided.
- Caseload capacity (How many they can serve?)
- Target populations(s).
- Funding sources (CARE Act, other OA-funded programs, other public, private).
- Reported barriers to care.

A sample Resource Inventory is provided on page 7.

For more information on Resource Inventories, please refer to:

- RWCA Needs Assessment Guide, Section V, Chapter 5.

Free hard copies of this document can be ordered from the HRSA website.

Resource Inventory

Fiscal Agent Name: Golden County **Date Completed:** December 12, 2006

Provider Name, Address, and Phone	Categories or Types of Services Provided	Caseload Capacity	Target Populations	HIV Funding Sources	Reported Barriers to Care
ADAP 2020 Oak Avenue Redwood Grove 916-555-6127	Drug Assistance	90	Low income PWLH	State ADAP	
Health Department 2020 Oak Avenue Redwood Grove 916-555-6767	General Medical Care, Dental Care, HIV Care	180	All	Title II	Long wait for appointments. No evening hours.
Helping Hands, Inc. 1515 Main Street Redwood Grove 916-321-4567	Case Management, Client Advocacy, Food and Transportation	90	PWLH	Title II, private donations	Lack of bilingual staff
Hope House 1524 Plaza Road Oak Valley 916-888-6544	General Medical Care, HIV Care, Case Management	110	African American, Latino, Youth	California Endowment, Title II, Medi-Cal	Office not on public transportation route. Few evening or weekend appointments.
SHARE Food Program 11 Main Street Oak Valley 916-888-6224	Food	230	Low income	None	Requires recipients to volunteer time
Social Services Department 1000 Main Street Springfield 916-234-0000	Attendant Care	25	All	CMP	

Priority Setting and Resource Allocation

CARE Act resources are limited and the need is severe. This heightens the responsibility of CSP to use sound information and a rational decision-making process when determining service priorities and the needed funding for each service category. The RWCA Title II Manual provides a model and sample charts to help guide your process, though your process may vary from the model.

In this section of the Service Delivery Plan, fiscal agents should:

- Document populations and providers who were involved in the planning process,
- Describe the priority setting and resource allocation process used including a discussion of your (1) decision-making principles, (2) criteria for priority setting, and (3) decision-making method (consensus, score sheets, etc.), and
- Include a table showing your finalized service priorities and funding decisions.

For information on who to engage in your planning process, please refer to:

- CSP Administrative Manual, Chapter 4, Exhibits 16, 18, and 19.

For more information on priority setting and resource allocation, please refer to:

- RWCA Title II Manual, Section VIII, Chapter 2.

Free hard copies of this document can be ordered from the HRSA website.

Description of Service Delivery

Provide the following information either using the form located at www.dhs.ca.gov/aids/programs/care/careservices/servicedelivery.htm or by creating your own form using these sentences as paragraph headings.

1. Using information gathered from your needs assessment process, describe the current and future services you will provide and how those services will reduce or eliminate unmet or unfounded needs, service gaps and barriers to the clients receiving HIV care and treatment in your community.

2. Describe how you ensure that contracted services provided are done so in a culturally appropriate manner.

3. Describe how cooperation and program coordination among contracted service providers is established and maintained.

4. Identify the key points of entry into your jurisdiction's HIV medical system, and describe how you ensure ongoing contact and client referral processes with these identified key points of entry.

5. Describe how your program is integrated with other activities funded though OA programs. (i.e., Early Intervention Program [EIP], HOPWA, Case Management Program [CMP], CARE/HIPP, AIDS Drug Assistance Program [ADAP], viral load and resistance testing programs, HIV testing sites, E & P Services.)

6. Describe the steps your jurisdiction has implemented to integrate "Prevention with Positives" (PWP) into care settings. Include a description of how you will ensure that PWP services for high-risk HIV-infected persons and partner notification (i.e., California Disclosure Assistance Program) are part of the standard of care.

7. Describe how your program is integrated with other CARE Act Title III and IV funded programs in your community and/or in nearby communities.

To find the Title III and IV grantees in your region, please consult the HIV/AIDS Bureau Grantee List for the appropriate RWCA title.

Goals and Objectives

Goals and objectives are tools that help OA, fiscal agents, service providers, and advisory members meet the intent of the CARE Act.

HRSA created goals and objectives for their programs, including those funded under the CARE Act. HRSA required that OA, as Title II Grantee, develop a Comprehensive Plan that includes goals and objectives that support HRSA's goals. Additionally, OA is required to ensure that all programs funded through Title II of the CARE Act coordinate their activities to meet the overarching goals of the CARE Act as defined and guided by HRSA.

Service Delivery Plans must include goals and objectives specific to the needs of the community, while supporting of the goals and objectives of OA and HRSA.

HRSA's Overarching Goals

As the Nation's access agency, HRSA focuses on uninsured, underserved, and special needs populations in its goals and program activities. The overarching goals for all HRSA-funded programs, including RWCA, are as follows:

1. Improve Access to Health Care
2. Improve Health Outcomes
3. Improve the Quality of Health Care
4. Eliminate Health Disparities
5. Improve the Public Health and Health Care Systems
6. Enhance the Ability of the Health Care System to Respond to Public Health Emergencies
7. Achieve Excellence in Management Practices

OA's Guiding Principles from the Comprehensive Plan

The OA, along with input and guidance from a group of consumer advisors and program administrators, developed the following Vision Statement to help guide and focus our efforts:

- All people with HIV must have full access to HIV care, treatment, support, and prevention with positives services that improve health outcomes, eliminate health disparities, enhance quality of life, and stop HIV transmission.
- All people with HIV must have full access to HIV prevention services to help arrest the transmission of HIV.
- The care system is enhanced through the significant involvement of people with HIV in the planning, implementation, management, and evaluation of the HIV care system.
- Outreach to people with HIV who are not in care, and to underserved communities, is a critical element of the HIV service system.
- Collaboration among entities and coordination among public and private resources are essential to planning, developing, funding, managing, and evaluating a comprehensive, sustainable system of HIV care and support services.

Care Services Program Goals

These four goals were identified as mission-critical to CSP.

1. To ensure access to HIV/AIDS care, treatment, and prevention services.
2. To provide quality care and treatment services to persons with HIV/AIDS.
3. To enhance the system of HIV/AIDS care and treatment services to adequately respond to the epidemic.
4. To achieve excellence in planning, management, and evaluation of the HIV health programs.

Developing Goals and Objectives

Fiscal agents, in conjunction with their service providers, will develop one objective to support each of the CSP goals listed above. Goals and objectives will cover the three-year period from April 1, 2007 through March 31, 2010. Each program's approach to addressing these goals should be tailored to meet the unique needs of their identified target populations.

Progress in meeting these goals and objectives are reported in the Mid-Year and Year-End Reports. CSP Advisors will compare these reports against the goals and objectives in your Service Delivery Plan.

Provide the following information either using the form located at www.dhs.ca.gov/aids/programs/care/careservices/servicedelivery.htm or by creating your own form which:

- States the goal,
- Identifies the target population(s) for your community as identified by the CARE Act Data Report (CADR) Client Information section,
- Identifies the barrier to meeting the goal,
- States a measurable objective, and
- Includes an action timeline.

A sample of a completed Goals and Objectives form is located on page 13.

California's Comprehensive Plan Update for HIV/AIDS Care and Treatment Services is available on the OA website.

Goals and Objectives for April 1, 2007 through March 31, 2010

Fiscal Agent Name: Golden County **Date Completed:** December 12, 2006

Goal One

Goal	To ensure access to HIV/AIDS care, treatment, and prevention services.		
Objective	By November 2, 2007 hire a new Spanish-speaking case manager to increase by 10 percent the number of Spanish-speaking clients.		
Barrier to Service	The lack of a Spanish-speaking case manager impedes our ability to serve clients who main language is Spanish.		
Target Population(s) **(Check all that apply)**	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☒ Latino/Hispanic ☒ Migrant/Seasonal Farm Workers	☒ Rural Populations ☒ Gay/Lesbian/Bisexual Adults ☐ Gay/Lesbian/Bisexual Adolescents ☐ Runaway/Street Adolescents ☐ All Other Adolescents ☐ Children ☒ Women	☐ Transgendered ☐ Homeless ☐ Injection drug users ☐ Non-injection drug users ☐ Incarcerated persons ☐ Parolees ☐ Other (Please specify)
Action Timeline	June 1, 2007 Advertise available position. July 1, 2007 Review applications. Interview candidates. August 1, 2007 Offer position. October 2, 2007 Case manager begins working. March 31, 2008 Review number of Spanish-speaking clients served. April 1, 2008 Evaluate effectiveness of objective. April 2, 2008 Review progress. Adjust objective if needed.		

Goal Two

Goal	To provide quality care and treatment services to persons with HIV/AIDS.
Objective	By March 31, 2008, all Care Service Program case managers will risk reduction assessments and interventions (including partner notification and referral) to all CSP clients.
Barrier to Service	Risk reduction assessments and interventions are not currently part of the standard of care among the case managers in our county.

Effective Measure

In the section of the Service Delivery Plan describe the method you will use to measure the effectiveness of your **single** highest funded service.

Measuring how well this service you provide meets the needs of your population(s) will indicate the effectiveness of the service. CARE Act legislation requires this evaluation. Different programs may measure the same service in different ways, depending upon the program's desired outcome.

For example, your needs assessment information indicated that depressed clients need a support group to help them cope with different aspects of their illness. You think a support group will help 90 percent of the depressed clients feel more able to cope. How will you know if the support group helped the depressed clients? **One way** of measuring is to survey the clients at the beginning of the group and ask them to rate their ability to cope with their illness, and then survey again at the end of the contract to see if the group's ability to cope with their illness improved. Depending upon the results you might say:

- "Yes, we were effective. Eighty-six percent of the clients felt their ability to cope improved." or,
- "We need to review this service, because only 50 percent of those participating felt their skills were improved."

This could lead to a discussion of how effective support groups typically are and you could find out that 50 percent is a great result and that your original estimate was too high. Likewise, the client surveys could tell you that some aspect of how the support group was set up needs to be changed to increase effectiveness – change meeting dates or times, provide a facilitator, etc. Measuring effectiveness this way is **not** the same as conducting a single annual client satisfaction survey, because you must have a number at the beginning of the year to compare with the number at the end of the year.

- Results will be reported in the Year-End Report.
- Results may be used to develop a quality assurance project.

Reporting Requirements

Fiscal agents are required to submit Mid-Year and Year-End Reports to their CSP advisors by November 15 and June 15, respectively. There are three components to the reports:

- the Financial Status Report (FSR),
- the Women, Infants, Children and Youths (WICY) Report, and
- the Narrative Report.

CSP has developed a standardized Narrative Report form. The form can be obtained at www.dhs.ca.gov/aids/programs/care/careservices/servicedelivery.htm. Fiscal agents should use this form when preparing their reports. The form asks fiscal agents to:

- Describe any general accomplishments,
- Describe the progress made in achieving their four goals and objectives (see page 11),
- Describe the results of their effectiveness measure (see page 14), and
- Identify any technical assistance needs.

Glossary

Epidemiologic Profile – A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.

Epidemiology – The branch of medical science that studies the incidence, distribution, and control of disease in a population. Sometimes called “epi” for short.

Focus Group – A method of information collection involving a carefully planned discussion among a small group led by a trained moderator.

In Care – A person is considered to be “in care” if receiving primary medical care (medical evaluation and clinical care) that meets Public Health Service (PHS) guidelines. Persons who are accessing other health-related services and/or support services but are not receiving primary medical care are not considered to be “in care.”

Incidence – The number of new cases of a disease that occur during a specified time period.

Incidence Rate – The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Key Informant Interview – A non-survey information collection method involving in-depth interviews with a small number of individuals carefully selected because of their experiences and/or knowledge related to the topic of interest. An interview guide or checklist is used to guide the discussion. Also called a key person interview.

Needs Assessment – A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (CARE Act and other) available to meet those needs, and determining what gaps in care exist.

Planning Process – Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

Prevalence – The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence Rate – The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Primary Source Data – Original data that you collect and analyze yourself.

Priority Setting – The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Quality Assurance (QA) – The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Quality Improvement (QI) – An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. QI seeks to prevent problems and to maximize the quality of care. Also called Continuous Quality Improvement (CQI).

Resource Allocation – The Title I and II responsibility to assign CARE Act amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Secondary Source Data – Existing information that was collected by someone else, but which you can analyze or reanalyze and use. Such data may be in "raw" (unanalyzed) or analyzed form.

Self-Administered Survey – Refers to a questionnaire that is mailed or given to an individual, to be completed independently by the individual and then returned, rather than having an interviewer ask the questions and record the answers.

Service Gaps – All service needs not currently being met for all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care"). To avoid confusion, the term unmet need will be used only to denote the need for primary health care by PLWH not in care, and service gaps will be used in all other service needs.

Survey – Data collection method in which a number of individuals (often a probability sample) are asked the same set of questions, which are usually largely multiple choice or short-answer, and their responses are tabulated, analyzed, and compared to provide quantitative data about the population surveyed.

Target Population – A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Title I – The part of the CARE Act that provides emergency assistance to eligible metropolitan areas (EMAs) disproportionately affected by the HIV/AIDS epidemic.

Title II – The part of the CARE Act that provides funds to States and territories for primary health care (including HIV treatments through ADAP) and support services that enhance access to care to PLWH and their families.

Title III – The part of the CARE Act that supports outpatient primary medical care and early intervention services to PLWH through grants to public and private non-profit organizations. Also funds capacity development and planning grants to prepare programs to provide early intervention services.

Title IV – The part of the CARE Act that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

Trend – Movement in a particular direction in the value of variables over time.

Unmet Need – Means the unmet need for health services among individuals who know their HIV status but are not receiving primary health care (not “in care”). To avoid confusion, the term unmet need will be used only to denote the need for primary health care by PLWH not in care, and service gaps will be used in all other service needs.

Unmet Need for Health Services – The need for HIV-related health services by individuals with HIV disease who are aware of their HIV status, but are not receiving regular primary health care. Primary health care includes (1) medical evaluation and clinical care that is consistent with PHS guidelines, including CD4 cell monitoring, viral load testing, antiretroviral therapy, prophylaxis, and treatment of opportunistic infections, malignancies, and other related conditions, (2) oral health care, (3) outpatient mental health care, (4) outpatient substance abuse treatment, (5) nutritional services, and (6) specialty medical care referrals.